

Monroe County Foodworker Application

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Contact Information (please)	print)				
Last Name					
First Name, Middle Initial					
, , , , , , , , , , , , , , , , , , , ,					
Mailing Address:					
City:		State:	Zip:		
Home Phone:		Work Phone:			
Name of business or Place of Food Service Em	ployment:				
For Schedule	Informatio	on and Registration o	call (585) 7!	53-5869	
Classes					
Level 1 targeted to food managers and	supervisors (I	National) Level 2 targe	eted to food wo	rkers (Local)	
Level 1 + Exam	10) hours, 5 year certification	n	\$140.00	
Level 2 + Exam	6	hours, 3 year certification	on	\$105.00	
Recertification Level 1	8	hours, 5 year certification	on	\$100.00	
Recertification Level 2	2	.5 hours, 3year certificati	on	\$ 50.00	
Exam only	Af	fter completion of L1 train	letion of L1 training\$ 30.00		
Additional Information: Tell us if you need any special accommodations for the exam Spanish Exam Modern Chinese Exam Other language					
Spanish Exam		_ Modern Crimese Exam _ Writing		Other	
Reduing		••••••		other	
Comments:					
Cianatura					
Signature:				ate:/	
Complete and mail to: Monroe County Department of Health Food Worker Certification Program, Rm. 1020 111 Westfall Road Rochester, New York 14692					
OFFICE ONLY					
Recpt. #	Date	Check #		Amount recv'd	